

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-14-2002 90275 025 \*\*\*150.00  
P00000113228

FILED

02 JUN 17 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113228

1. Entity Name

Belle-Aire Painting Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1122 N. Main St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip

34744

Country

Osceola

Zip

Country

4. FEI Number

59-3760657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joseph Genoese

Street Address (P.O. Box Number is Not Acceptable)

1122 N. Main Street

Suite B

City

Kissimmee

FL

Zip Code

34744

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph Genoese Vice Pres.

4/26/07

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRES  
NAME: John Genoese  
STREET ADDRESS: 16384 SW 16th St.  
CITY-ST-ZIP: Pembroke FL 33027

TITLE: Vice  
NAME: Joseph Genoese  
STREET ADDRESS: 214 Taranto Way  
CITY-ST-ZIP: Kissimmee FL 34758

TITLE: Director  
NAME: Lontae M. Brown  
STREET ADDRESS: 709 Touma ment Lane  
CITY-ST-ZIP: Kissimmee FL 34754

TITLE: Director  
NAME: Jose Rodriguez  
STREET ADDRESS: 306 Caen Court  
CITY-ST-ZIP: Kissimmee FL 34744

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Joseph Genoese Vice Pres

407-343-0369